



**WELL CHILD EXAM - LATE**  
**CHILDHOOD: 6 YEARS**  
(Meets EPSDT Guidelines)

DATE

**LATE CHILDHOOD: 6 YEARS**

PARENT AND CHILD TO  
COMPLETE ABOUT CHILD

CHILD'S NAME

DATE OF BIRTH

ALLERGIES

CURRENT MEDICATIONS

ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE LAST VISIT

YES NO

☐ ☐

My child eats a variety of foods.

YES NO

☐ ☐

My child seems rested when he/she awakens.

☐ ☐

My child plays well with other kids.

☐ ☐

My child knows right from left.

☐ ☐

My child can count.

☐ ☐

My child gets some physical activity every day.

WEIGHT KG/OZ. PERCENTILE

HEIGHT CM/IN. PERCENTILE

BLOOD PRESSURE

Diet

Sleep

☐ Review of systems

☐ Review of family history

Screening:

Development

N

A

☐ ☐

Behavior

☐ ☐

Social/Emotional

☐ ☐

Vision

R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

MHZ

R

L

Hearing

4000

2000

1000

500

Physical:

General appearance

☐ ☐

Chest

N

A

☐ ☐

Skin

☐ ☐

Lungs

☐ ☐

Head

☐ ☐

Cardiovascular/Pulses

☐ ☐

Eyes

☐ ☐

Abdomen

☐ ☐

Ears

☐ ☐

Genitalia

☐ ☐

Nose

☐ ☐

Spine

☐ ☐

Oropharynx/Teeth

☐ ☐

Extremities

☐ ☐

Neck

☐ ☐

Neurological

☐ ☐

Nodes

☐ ☐

Gait

☐ ☐

Mental Health

☐ ☐

Describe abnormal findings:

Assessment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IMMUNIZATIONS GIVEN

REFERRALS

**NEXT VISIT: 8 YEARS OF AGE**

HEALTH PROVIDER NAME

HEALTH PROVIDER SIGNATURE

HEALTH PROVIDER ADDRESS

**LATE CHILDHOOD: 6 YEARS**

# Your Child's Health at 6 Years

## Milestones

### Ways your child is developing between 6 and 7 years of age.

Makes friends at school.

Does regular chores at home.

Helps care for your pets.

Tells you about what she is doing at school and talks about what she is thinking.

Using a wide variety of words.

### You help your child learn new skills by talking and playing with her.

## For Help or More Information

### Firearm safety:

Safe Storage Hotline,  
1-800-LOK-IT-UP (565-4887)

**Car seat safety:** Safety Restraint Coalition, 1-800-BUCK-L-UP (voice) or 1-800-833-6388 (TTY Relay)

**Your child's development:** Your child's teacher or local school district office.

## Health Tips

Plenty of physical activity is important for your child's good health. Start now to build a lifelong habit of regular exercise. If she wants to play on a team, look for a program that promotes fun more than winning.

Make time in the morning for a healthy breakfast. This will help your child learn better and feel happier at school. Let him help choose healthy foods.

Your child will soon get her first molars. At her next dental checkup, ask about dental sealants for her molars. This can prevent cavities in them.

If your child plays sports, get a mouth guard to protect his teeth.

## Parenting Tips

Encourage your child to enjoy books by reading together. Let him practice reading simple books to you. Continue to read chapter books to him. Visit the library with him to pick out exciting story books.

Talk about why children should not use drugs and alcohol. Set a good example for your child about these substances.

Take time to visit your child's school and volunteer in the classroom if possible.

## Safety Tips

Make sure that everyone who rides with you buckles up. Help your child know how to ask to use a safety belt or booster when she rides with other drivers.

Continue to have your child ride in the back seat, which is safer than the front seat.

Make sure your child wears a helmet when using bikes, skates, inline skates, scooters, and skateboards. Helmets prevent very serious head injury when worn properly and buckled under the chin. It should cover the top of the forehead.

## Guidance to Physicians and Nurse Practitioners for Late Childhood (6 years)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

### Fluoride Screen

Check with local health department for fluoride concentration in local water supply, then use clinical judgment in screening. Look for white spots or decay on teeth. Check for history of decay in family.

### Lead Screen

Screen children for these risk factors:

- Live in or frequently visit day care center, preschool, baby sitter's home or other structure built before 1950 that is dilapidated or being renovated.
- Come in contact with other children with known lead toxicity (i.e., blood lead 15 ug/dl).
- Live near a lead processing plant or with parents or household members who work in a lead-related occupation (e.g., battery recycling plant).

### Developmental Milestones

Always ask parents if they have concerns about development or behavior. You may use the following screening list, or the Denver II.

Yes    No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Ties shoelaces.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Knows left from right.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Adds numbers (up to 5).  |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Draws a person -- 6 parts.</u>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Copies a square.</u>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Can recite alphabet.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Defines 5/8 ball, lake, desk, house, banana, curtain, fence, ceiling.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Heel-to-toe walk (4 steps)</u>  |

**Instructions for developmental milestones:** At least 90% of children should achieve the underlined milestones by this age. If you have checked "no" on *even one* of the underlined items, refer the child for a formal developmental assessment.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention. **Parents and providers may call Healthy Mothers, Healthy Babies with questions or concerns on childhood development.**